

**TITLE VI /ADA DISCRIMINATION COMPLAINT FORM**

Please provide the following information in order to process your complaint. Assistance is available upon request. Complete this form and mail or deliver to:

Title VI /ADA Compliance Officer, DRPT, 600 E. Main Street, Suite 2102, Richmond, VA 23219.

You can reach our office Monday-Friday from 8:00 am to 4:30 pm at 804.786.4440, or you can email the Virginia Department of Rail and Public Transportation (DRPT – the agency who oversees the Virginia Breeze Intercity Bus service) Title VI / ADA Compliance Officer at [drptpr@drpt.virginia.gov](mailto:drptpr@drpt.virginia.gov).

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**Complainant's Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone No. (Home):** \_\_\_\_\_ **(Business):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Person discriminated against (if other than complainant):**

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_

**The name and address of the agency, institution, or department you believe discriminated against you.**

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Date of incident resulting in discrimination:** \_\_\_\_\_

Identify the category of Discrimination:

Race \_\_\_\_\_ Color \_\_\_\_\_ National Origin \_\_\_\_\_ Disability \_\_\_\_\_

Describe how you were discriminated against. What happened and who was responsible? If additional space is required, please either use back of form or attach extra sheets to form.

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Does this complaint involve a specific individual(s) associated with DRPT? If yes, please provide the name(s) of the individual(s), if known.

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Where did the incident take place?

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Are there any witnesses? If so, please provide their contact information:

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Did you file this complaint with another federal, state or local agency; or with a federal or state court?

Yes

No

If answer is Yes, check each agency complaint was filed with:

Federal Agency

Federal Court

State Agency

State Court

Local Agency

Other

**Please provide contact person information for the agency you also filed the complaint with:**

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Date Filed:** \_\_\_\_\_

**Sign the complaint in the space below. Attach any documents you believe support your complaint.**

\_\_\_\_\_  
**Complainant's Signature**

\_\_\_\_\_  
**Signature Date**